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**DATE:** March 12, 2002 **TIME:** 1:44 PM

**TO:** Michael A. Willis **PHONE:** 703-305-1679  
 U.S. PTO (GAU 1619) **FAX:** 703-872-9307

**FROM:** Dorene M. Price **PHONE:** (631) 531-1194  
 Estée Lauder Companies **FAX:** (631) 531-1340

**RE:** Cholesterol Sulfate and Amino Sugar Compositions for Enhancement of Stratum Corneum Function  
 RESPONSE TO FINAL ACTION (Serial Application No.09/773,351)  
 Our Ref.: 00.22US

**CC:**

**Number of pages including cover sheet: 19**

**Message**

Please see the attached documents being submitted by facsimile.

Certificate of Transmission by Facsimile (37 CFR 1.8)

Amendment Transmittal Letter

Amendment (7 pgs, 3 attach)

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<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>		Docket No.
Applicant(s): <u>Maes et al.</u>		00.22US

Serial No. 09/773,351	Filing Date January 31, 2001	Examiner Willis, M.	Group Art Unit 1619
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Invention: Cholesterol Sulfate and Amino Sugar Compositions for Enhancement of Stratum Corneum Function

I hereby certify that this \_\_\_\_\_ Cert Trans., Amend (7 pgs. 3 attach.), Amend Trans \_\_\_\_\_  
*(Identify type of correspondence)*

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on March 12, 2002  
*(Date)*

\_\_\_\_\_  
**DORENE M. PRICE**  
*(Typed or Printed Name of Person Signing Certificate)*

*Dorene Price*  
*(Signature)*

Note: Each paper must have its own certificate of mailing.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>	Docket No.
Applicant(s): <b>Maes et al.</b>	<b>00.22US</b>

Serial No. <b>09/773,351</b>	Filing Date <b>January 31, 2001</b>	Examiner <b>Willis, M.</b>	Group Art Unit <b>1619</b>
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Invention: **Cholesterol Sulfate and Amino Sugar Compositions for Enhancement of Stratum Corneum Function**

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$80.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>


- No additional fee is required for amendment.
- Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_  
A duplicate copy of this sheet is enclosed.
- A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **05-1320**  
A duplicate copy of this sheet is enclosed.
  - Any additional filing fees required under 37 C.F.R. 1.16.
  - Any patent application processing fees under 37 CFR 1.17.

  
\_\_\_\_\_  
Signature

Dated: **March 12, 2002**

**Dorene M. Price (Reg. No. 43,018)**  
**Estee Lauder Companies**  
**125 Pinelawn Road**  
**Melville, NY 11747**  
**(631) 531-1194**

CC:

I certify that this document and fee is being deposited on <b>March 12, 2002</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.   _____ Signature of Person Mailing Correspondence  <b>DORENE M. PRICE</b> _____ Typed or Printed Name of Person Mailing Correspondence
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